

Analysis of Provider Choice

Overview of SSuN Data

As part of the STD Surveillance Network (SSuN) project, staff at the Virginia Department of Health (VDH) collected enhanced surveillance data for all individuals infected with *Neisseria gonorrhoeae* (i.e. gonorrhea) in the Richmond area from 2010-2012. This included 3,560 cases of gonorrhea residing in the localities of Richmond City, Chesterfield County, and Henrico County.

In addition to information on gonorrhea symptoms and treatment, data on diagnosing providers and patient demographics and behaviors were also collected as part of SSuN activities. These data are collected through phone interviews conducted with patients living in the Richmond area who have recently been diagnosed with gonorrhea infections. These SSuN interviews help VDH track trends in patient characteristics and risk behaviors.

A new series of questions were added to these phone interviews in May of 2012. The new questions concerned patients' reasons for choosing to seek care at the provider or facility that diagnosed them with gonorrhea. That is, interviewers attempted to ascertain why patients sought care at one particular health care facility as opposed to some other facility. Patients were also asked about their health insurance status, and whether or not they had to pay a co-pay at the time of service. It

is hoped that these data will help develop a better understanding of patient care seeking behaviors.

Four hundred twenty-six patient interviews, incorporating these new questions, were completed from May 1, 2012 through December 31, 2012. Preliminary findings from these data are summarized in this report. More comprehensive analyses will be performed after additional interviews have been conducted.

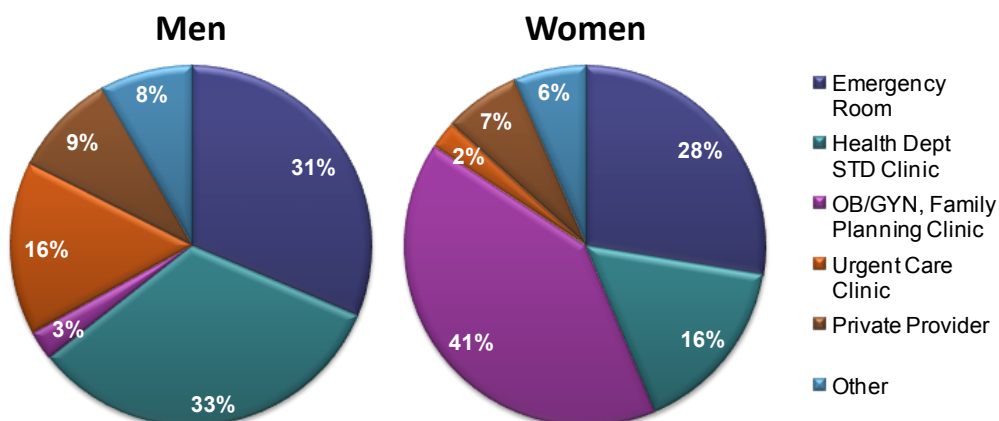
Diagnosing Facility by Patient Gender

There are some fundamental differences in where men and women are diagnosed with gonorrhea. Previous SSuN analyses have indicated that women are significantly more likely to be diagnosed in OB/GYN or family planning facilities (41%), whereas men are more likely to be diagnosed in emergency rooms or urgent care clinics (47%). Approximately 16% of women and 33% of men are diagnosed by STD clinics (Figure 1).

Reasons for Provider Choice

The primary reason that individuals diagnosed with gonorrhea reported for choosing the provider or facility where they sought care for their infection was because it was either their usual place for medical care (39%), or because the facility allowed walk-in or same-day appointments (36%). Relatively few patients reported choosing a provider based on cost concerns (11%), or for other reasons (Figure 2).

Figure 1. Diagnosing Facility by Patient Gender, 2010-2012*

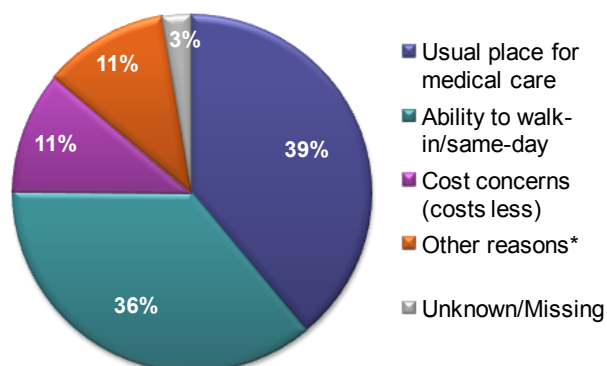


*Includes data on 3,556 cases of gonorrhea. Excludes cases missing information on provider type.

Quick Summary

- *39% of interviewed gonorrhea patients were diagnosed at their usual place for medical care.
- *41% of patients diagnosed by STD clinics sought care there because the clinic offered same-day or walk-in appointments
- *33% of interviewed patients had no health insurance coverage at the time of their diagnosis.
- *52% of patients diagnosed by STD clinics reported not having health insurance coverage.

Figure 2. Reported Reasons for Provider Choice



* May include privacy concerns, seeking expert care, and other reasons.

Reasons for Choice by Provider Type

Of the patients who were diagnosed with gonorrhea at a public STD clinic, 41% reported attending that facility because the clinic offered walk-in or same-day appointments, followed by 28% who attended because of cost concerns.

Sixty-eight percent of patients diagnosed by urgent care clinics (such as Patient First), stated that the ability to obtain a walk-in appointment was the most important reason for choosing to attend that facility.

Among patients diagnosed in hospital emergency rooms, 56% reported choosing that facility because of the ability for walk-in or same-day appointments. Unexpectedly, 26% of those diagnosed in emergency rooms reported that was their usual place for medical care.

Seventy-eight percent of patients diagnosed by OB/GYN or family planning clinics reported that was their usual place for medical care, as did 81% of patients diagnosed by private providers (Table 1).

Reasons for Choice by Gender

Men were most likely to indicate that they chose their provider because of the ability for same-day or walk-in appointments (45%), followed by it being their usual place of care (22%), and due to cost concerns (16%).

Women were most likely to report the facility where they were diagnosed with gonorrhea was their usual place for medical care (53%), likely due to the fact that many women were diagnosed by family planning or OB/GYN facilities. The ability for same-day or walk-in appointments was also important to women, with 30% indicating this was the primary reason they chose the provider who diagnosed them with gonorrhea.

Health Insurance Status

Overall, 63% of interviewed patients reported having some kind of health insurance at the time they were diagnosed with gonorrhea (72% of women and 52% of men), while 33% reported no coverage and 4% were either unsure of their coverage or refused to answer.

Among patients with health insurance, 50% had private health insurance, and 44% had public-funded health insurance such as Medicaid. Men were more likely to have private health insurance (65%), while women were more likely to have public health insurance (53%).

Twenty-three percent of patients reported having to pay some type of co-payment or out-of-pocket expense for the visit when they were diagnosed with gonorrhea, while 74% reported not having a co-pay. Co-payments were more common among patients who had health insurance (29%) compared to patients who did not have health insurance (15%).

Table 1. Reason for Provider Choice by Selected Facility Types

	STD Clinic		Hospital Emergency		Family Planning or OB/GYN		Urgent Care Clinic		Private Provider	
ClinicCare	N	Percent	N	Percent	N	Percent	N	Percent	N	Percent
Usual place for medical care	18	13%	29	26%	73	78%	7	25%	17	81%
Ability to walk-in	55	41%	62	56%	12	13%	19	68%	1	5%
Cost concerns (costs less)	38	28%	3	3%	1	1%	0	0%	2	10%
Privacy concerns	7	5%	0	0%	0	0%	1	4%	0	0%
Expert care	7	5%	3	3%	0	0%	0	0%	1	5%
Other reasons	7	5%	14	13%	4	4%	1	4%	0	0%
Unknown/Missing	2	1%	0	0%	3	3%	0	0%	0	0%
Total Cases	134		111		93		28		21	

Health Insurance Status by Provider Type

Health insurance status may impact provider choice, as there were notable differences in insurance status by provider type (Table 2). A high proportion of patients diagnosed by private providers or by OB/GYN or family planning facilities had health insurance (88%). Similarly, 89% of those diagnosed in urgent care centers reported health insurance. In contrast, only 50% of patients diagnosed by emergency rooms and 44% of patients diagnosed by STD clinics had health insurance. In other words, patients without health insurance were more likely to be diagnosed with gonorrhea in hospital emergency rooms or in STD clinics.

Table 2. Health Insurance Status by Provider Type

Provider Type	Not Insured		Insured	
	N	%	N	%
Hospital Emergency Room	53	48%	55	50%
Urgent Care Clinic	3	11%	25	89%
Health Dept STD Clinic	70	52%	59	44%
OB/GYN, Family Planning	8	9%	82	88%
Private Provider	2	10%	19	90%
Other Providers*	6	17%	27	77%
Overall	142	34%	267	63%

*May include hospitals (non-ER), school clinics, jails/prisons, or public clinics

Infection Symptoms by Provider Type

The choice of provider also seems to be influenced by whether or not the patient was experiencing symptoms of gonorrheal infection. Overall, 55% of patients were experiencing some symptoms of infection when they were diagnosed. This included 68% of patients diagnosed at urgent care clinics and 62% of those diagnosed at STD clinics, but only 43% of those diagnosed at family planning clinic or OB/GYN facilities (Figure 2).

While the average duration of symptoms prior to obtaining care was 8.5 days, this also varied by provider type; 48% of patients attending hospital emergency rooms and 46% of patients attending STD clinics had experienced symptoms for less than five days. In contrast, 62% of patients diagnosed by private providers experienced symptoms for more than 5 days.

What is SSuN? A Quick Overview

The STD Surveillance Network (SSuN) is an enhanced surveillance project sponsored by the Centers for Disease Control and Prevention (CDC). The purpose of SSuN is to fill critical gaps in national surveillance and improve the capacity of national, state, and local sexually transmitted disease (STD) programs.

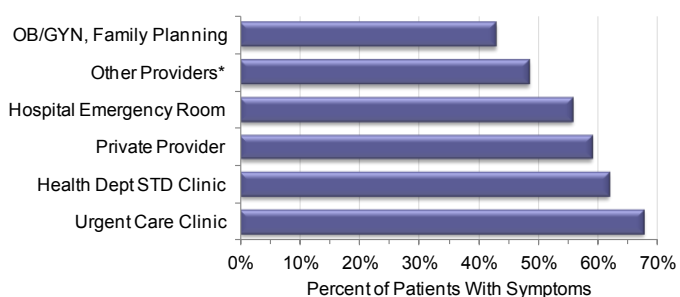
SSuN has two main components: STD clinic surveillance and *Neisseria gonorrhoeae* (NG) population surveillance. The former involves collecting enhanced information on patients presenting to STD clinics, while the latter involves interviewing patients diagnosed with gonorrhea in the general population. The data captured as part of SSuN include information not only on STD diagnoses, but also on patient demographics, disease symptoms, treatment, and high-risk behaviors.

Twelve sites across the United States now participate in these enhanced surveillance activities, including 43 STD clinics in 116 counties. Nationally, SSuN now captures information on approximately 20% of all gonorrhea cases diagnosed annually.

In Virginia, four localities participate in the SSuN project: Richmond City, Chesterfield County, and Henrico County have participated since 2006, while Alexandria City started participation in late 2012. Enhanced surveillance data is captured for approximately 6,000 STD clinic visits and over 1,000 cases of gonorrhea each year in Virginia.

Of the patients who reported that the availability of walk-in or same-day appointments was the primary reason for their provider choice, 59% reported having symptoms of gonorrhea at the time of their diagnosis. Seventy percent of those citing cost concerns as their motivation were experiencing symptoms at the time of diagnosis, as were 83% of those seeking expert care.

Figure 2. Infection Symptoms by Provider Type



*May include hospitals (non-ER), school clinics, jails/prisons, or public clinics